

# EMPLOYEE IMMUNIZATION POLICY

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Agency/Clinic Name

Upon employment it is \_\_\_\_\_ that employees furnish the following information:

## REQUIRED/RECOMMENDED

1. An updated copy of his/her immunization record to include vaccinations against Measles, Mumps, Rubella, Varicella, Tetanus/Diphtheria and if applicable, Hepatitis B.
2. If applicable, employees may also provide laboratory evidence of immunity, e.g. antibody titer.
3. Immunity to varicella shall be provided by giving a reliable history of chicken pox, documentation of varicella vaccination and/or varicella antibody titer.
4. The three dose series of Hepatitis B vaccine is highly recommended for each employee, at risk for exposure to blood borne pathogens, who has not received the series. In the event that an employee at high risk for exposure to blood borne pathogens refuses to be vaccinated against Hepatitis B or refuses to provide documentation of vaccination history, a waiver to receiving the vaccine must be signed by the employee.\*
5. Vaccination records, proof of immunity or signed waiver shall be placed in the employee's personnel file.

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EMPLOYEE SIGNATURE

DATE

### *References*

1. CDC Immunization of Health-Care Workers, Recommendations of the Advisory Committee on Immunization practices and the Hospital Infection Control Practices Advisory Committee, MMWR 12/26/97/Vol. 46/No, RR-18.
2. KDHE. Recommendations for vaccination of Health Care Workers, Updated 1/01/01.

\*Refer to page 2 of the Recommendations for Health Care Workers for recommendations related to testing for immunity after completion of the Hep B series.

Review/update this policy each year and document the date.